STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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RECEIVED

APR 1 1 2018

I. Name of Lobbyist(s)	era M. Weston		NEW HAMPSHIRE
II. Name of lobbyist's partnership,			DEPARTMENT OF STAT
	Associates DIN)	·
		NH	03302
Business Address: (Street)	Concord, (Town/City)	(State)	(Zip Code)
(403) <u>224 - 4077</u> (Telephone)	(603) <u>224-4099</u> (Fax)	e-mail Maura 6	MMWeston.onmica
III. This statement covers: (Choose reportable expense transactions wh	one – file separate reports for e ich are not attributable to any o	ach client, OR you ma one client).	y file a separate report for
All reportable transactions occurr	ing in the months prior to the repo	orting date relative to th	e following client:
Maximus	Client as it appears on the Lobbyist I		
(Full Name of OR	Client as it appears on the Lobbyist I	Registration Form)	
☐ All reportable transactions by the unrelated to any particular client.	lobbyist (including the lobbyist's	family), or the lobbying	g firm listed below which are
IV. Date of Report April 25, 20	018	July 25, 2018 🛚	
Reports cover: activity from date of	registration to 3/31/18 acti	vity from 4/1/18 to 6/30/18	
October 31, activity from 7/	, 2018	January 30, 2019 [] ivity from 10/1/18 to 12/31	//18
V. There have been no fees recolf this box is checked, complete just Concord, NH 03301.	eived and no reportable trans this form and submit it to the Secr	sactions made since the stary of State's Office, s	the last report. State House, Room 204,
VI. Check if additional reports are	e attached:		
If you have received fees or made	de expenditures, you must file Ad	dendum A- Fees and E	Expenses
Evnence Reimbursement	or reimbursed expenses, you mus		
☐ If you, your firm, or your family	y has made political contributions.	you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my know	A 14-C and RSA 664 and nereby		
(Signature of lobbyist)		4-10-18 (D	ate)
Maura M. WUS (Print Name of lobbyist)	לאמ		

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)



I. Name of Lobbyist(s) Maura M. W W ton	
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
III. Name of Client Maximus	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a)\$ 9,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ ear)
c) Total of all fees received to date (Add lines a and b)	c)\$ <u>9,000</u>
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	a) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ _ 9,000
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 9,000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	. <u></u>
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affinistrue and complete to the best of my knowledge and belief.	rm that the foregoing information
MAR	(Date)
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	